

Commonwealth of Kentucky  
Personnel Cabinet

# Health Insurance Program Monthly Report



Prepared for:

Kentucky Group Health Insurance  
Board Members

**August 2013**

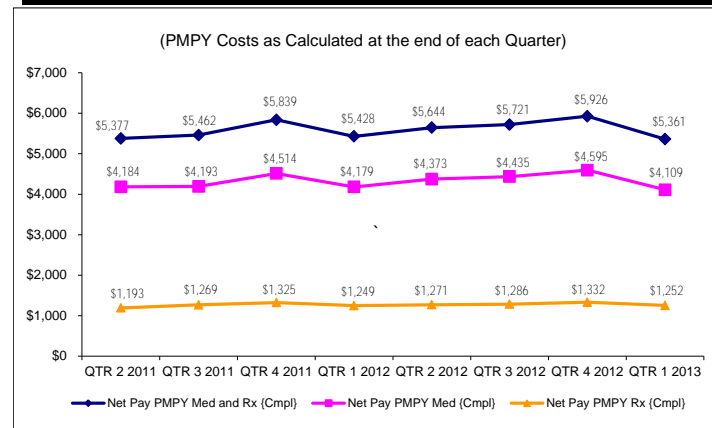
# DASHBOARD REPORT: BASED ON INCURRED CLAIMS

Includes Projections for Incurred, but Not Yet Reported (IBNR or CMPL)

## Enrollment

Fact	Apr 2012 - Mar 2013	Apr 2011 - Mar 2012	% Change
Employees Avg Med	156,002	158,748	-1.73%
Members Avg Med	269,575	270,729	-0.43%
Family Size Avg	1.7	1.7	1.33%
Member Age Avg	37.3	37.7	-0.88%

## Net Incurred Claims Cost per Member



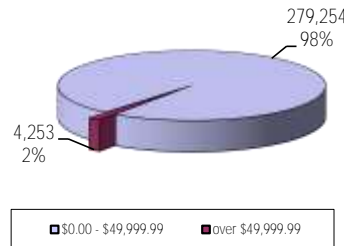
## Allowed Claims Costs PMPY with Norms

	Apr 2011 - Mar 2012	Apr 2012 - Mar 2013	% Change	Recent US Norm	Comp to Norm
Allow Amt PMPY Med {Cmpl}	\$4,864.60	\$4,983.39	2%	\$4,119.14	17.34%
Allow Amt PMPY IP Acute {Cmpl}	\$1,348.15	\$1,406.93	4%	N/A	N/A
Allow Amt PMPY OP Med {Cmpl}	\$3,498.07	\$3,553.82	2%	\$2,840.29	20.08%
Allow Amt PMPY OP Fac Med {Cmpl}	\$1,910.95	\$1,955.25	2%	N/A	N/A
Allow Amt PMPY Office Med {Cmpl}	\$961.89	\$965.35	0%	\$0.00	N/A
Allow Amt PMPY OP Lab {Cmpl}	\$324.75	\$341.57	5%	\$0.00	N/A
Allow Amt PMPY OP Rad {Cmpl}	\$554.07	\$540.43	-2%	\$0.00	N/A
Out of Pocket PMPY Med {Cmpl}	\$510.09	\$523.51	3%	\$531.17	-1.46%
Allow Amt PMPY Rx {Cmpl}	\$1,565.41	\$1,573.14	0%	\$1,027.42	34.69%
Out of Pocket PMPY Rx {Cmpl}	\$280.12	\$263.33	-6%	\$0.00	N/A

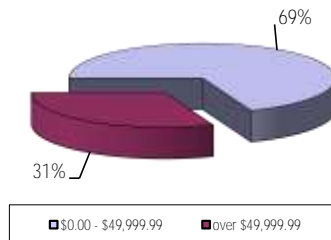
## High Cost Claimants

April 12– March 13

### % of High Cost Patients



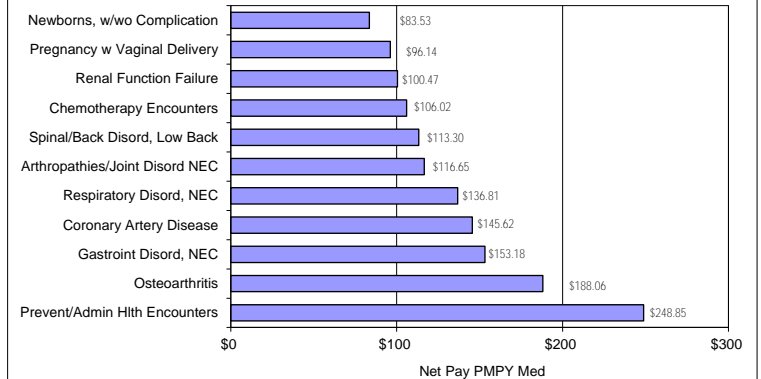
### % of Total Net Payments (Med and Rx)



## Prescription Drug Programs

	Fact	Apr 2011 - Mar 2012	Apr 2012 - Mar 2013	% Change
Mail Order	Discount Off AWP % Rx	51.52%	54.85%	6.47%
	Scripts Generic Efficiency Rx	92.64%	92.91%	0.29%
Retail	Discount Off AWP % Rx	44.82%	50.98%	13.73%
	Scripts Generic Efficiency Rx	94.42%	94.04%	-0.41%
Total	Discount Off AWP % Rx	46.36%	51.89%	11.92%
	Scripts Generic Efficiency Rx	94.28%	93.93%	-0.37%
	Scripts Maint Rx % Mail Order	11.28%	12.48%	10.69%

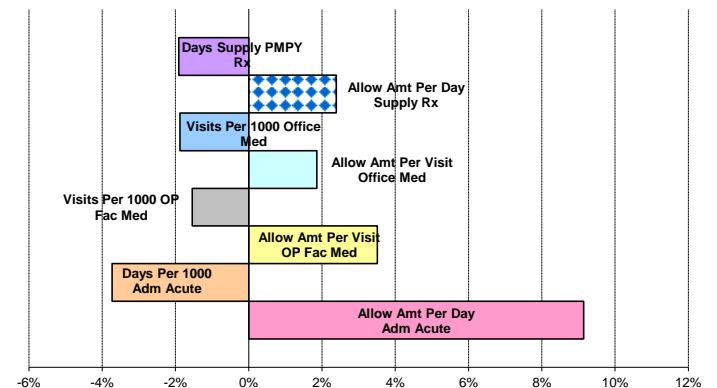
## Top 10 Clinical Conditions



## Cost Drivers Support

Fact	Apr 2011 - Mar 2012	Apr 2012 - Mar 2013	% Change
Allow Amt Per Day Adm Acute	\$3,983.60	\$4,347.85	9.14%
Days Per 1000 Adm Acute	327.43	315.21	-3.73%
Allow Amt Per Visit OP Fac Med	\$1,010.54	\$1,045.96	3.51%
Visits Per 1000 OP Fac Med	1,891.02	1,861.97	-1.54%
Allow Amt Per Visit Office Med	\$114.84	\$116.98	1.86%
Visits Per 1000 Office Med	8,375.58	8,218.40	-1.88%
Allow Amt Per Day Supply Rx	\$2.64	\$2.71	2.39%
Days Supply PMPY Rx	592.08	580.79	-1.91%

## Cost Drivers—Utilization and Price Trends



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## **Introduction**

The Department of Employee Insurance (DEI) is pleased to provide an analysis of the Kentucky Employees' Health Plan. In response to requests for data analysis, this report has been prepared to provide information related to enrollment, claims payment, and utilization.

It is the Department's intent to update this information on a monthly basis in an effort to provide current information about Kentucky's Health Insurance Program.

## **Overview**

This report is compiled using Medstat, which is DEI's health insurance information management system. Medstat warehouses enrollment and claims data. Enrollment data is provided by DEI while claims data is provided by each carrier and/or TPA.

Claims information may be analyzed by either "incurred" or "paid" dates. "Incurred" reports specify paid amounts for claims that were incurred in a specified timeframe. Due to the lag time in submittal and payment of claims, historical reports that are based on incurred claims may change significantly with each new database update since additional incurred claims will be added. "Paid" claims reports specify the paid amount for claims regardless of when the claims may have been incurred. Unless otherwise specified, data contained in this report are based on "incurred" claims.

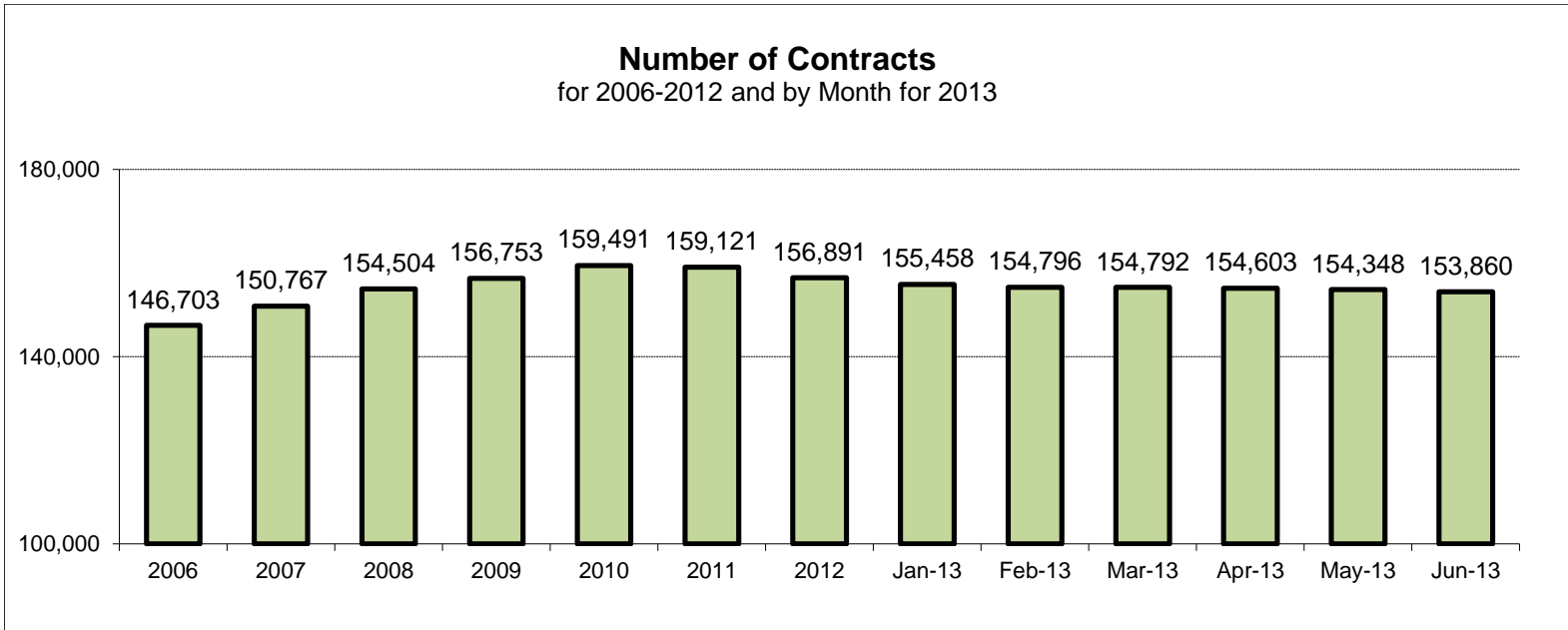
Enrollment in the KEHP changes on a daily basis due to a variety of reasons such as: new hires, adding dependents, dropping dependents, marriage, divorce, becoming Medicare eligible, etc. Therefore, Medstat is dealing with a fluid enrollment base. Also, each carrier processes claims slightly differently. During 2006 Medstat processed enrollment information for a total of 258,809 members as well as 7,973,124 claims (3,96,007 Medical claims and 4,584,166 prescriptions) from different carriers. When dealing with such large numbers it is impossible to tag every claim to a corresponding group, carrier, service type, etc. While the tagging rate for the KEHP data exceeds 99%, you may still see information on reports stated as "~Missing". This indicates any enrollment or claims that could not be "tagged" by Medstat.

## **Definitions**

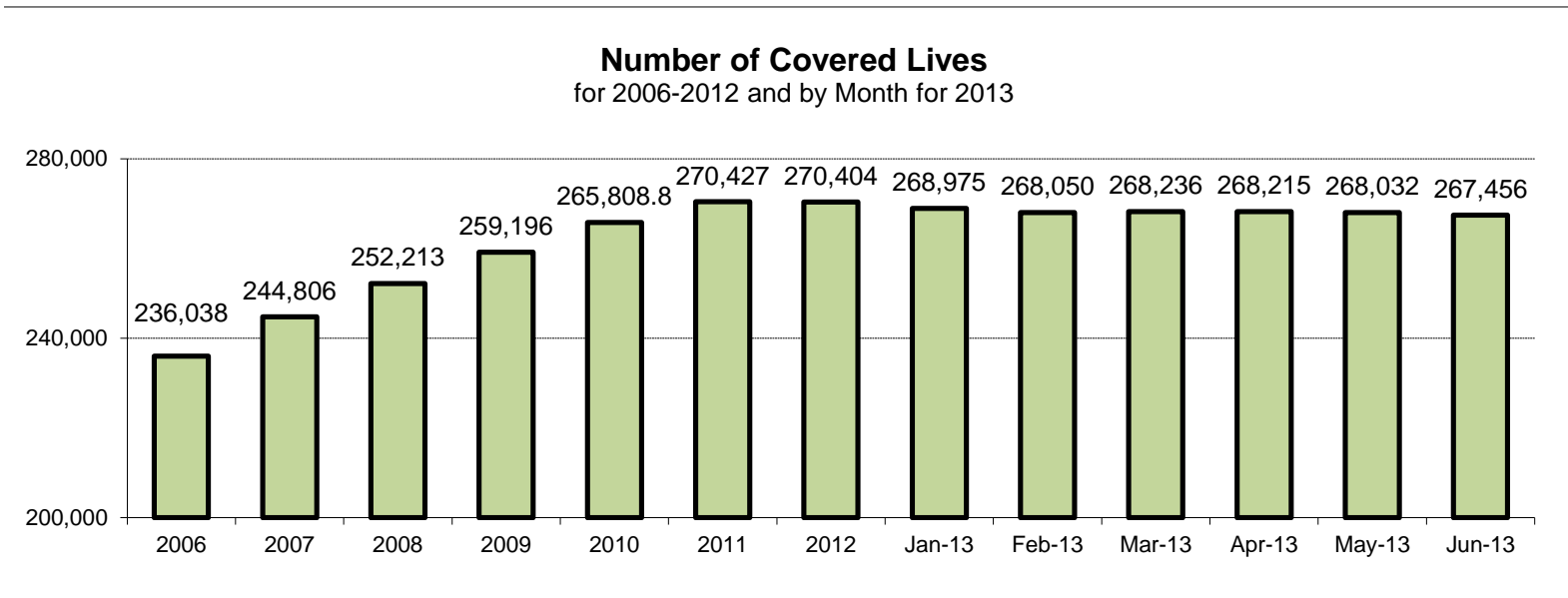
- **Employee** represents an individual eligible to participate in KEHP as a retiree in either KTRS or KRS, or by being employed by one of the agencies that participate with KEHP (example: state employee, school boards, Quasi agency, etc.). Employee may also be referred to as “planholder” or “contracts”. Please note that Medstat deals with Cross-reference plans uniquely. Although there are in fact two “employees” Medstat can only designate the planholder as an employee. Therefore, the cross-referenced spouse is considered a dependent and all claims and utilization data related to them is counted as a “member”.
- **Member** includes all employees plus any dependents that are covered through the KEHP. Members may also be referred to as “covered lives”.
- **Group** is Kentucky Retirement System (KRS), Kentucky Teachers Retirement System (KTRS), State Employees, School Boards, or Other (includes: COBRA, Health Departments, KCTCS, Quasi/Local Governments).
- **Plan** is Standard PPO, Capitol Choice, Optimum PPO, Maximum Choice, Commonwealth Essential, Commonwealth Enhanced, Commonwealth Premier, or Commonwealth Select.
- **Carrier** may be Aetna, Anthem, Bluegrass Family Health, CHA Health, United Healthcare, or Humana (please note that Express Scripts data is designated as Humana).
- **Generic Efficiency** means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.
- **OOP** is the amount paid out-of-pocket by the member for facility, professional, and prescription drug services. This generally includes coinsurance, co-payment, and deductible amounts.
- **Allowed Amount** is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.
- **Net Payment** is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, co-payment, coinsurance, and deductible amounts have been subtracted.
- **Patients** is the unique count of members who received facility, professional, or pharmacy services.
- **Days Supply** is the number of days for which drugs were supplied for prescriptions filled. It represents the number of days of drug therapy covered by a prescription.
- **Mail Order** is computed as any script filled with a “days supply” of more than 30 days, regardless of the physical location where the prescription was filled.
- **Retail** is computed as any script filled with a “days supply” of 30 days or less, regardless of the physical location where the prescription was filled.

## Enrollment

The following chart shows planholder enrollment (contracts) for 2006-2012 and monthly year-to-date for 2013. Enrollment will fluctuate on a monthly basis (Approximately 8,000 cross-referenced spouses in any given month are not included)

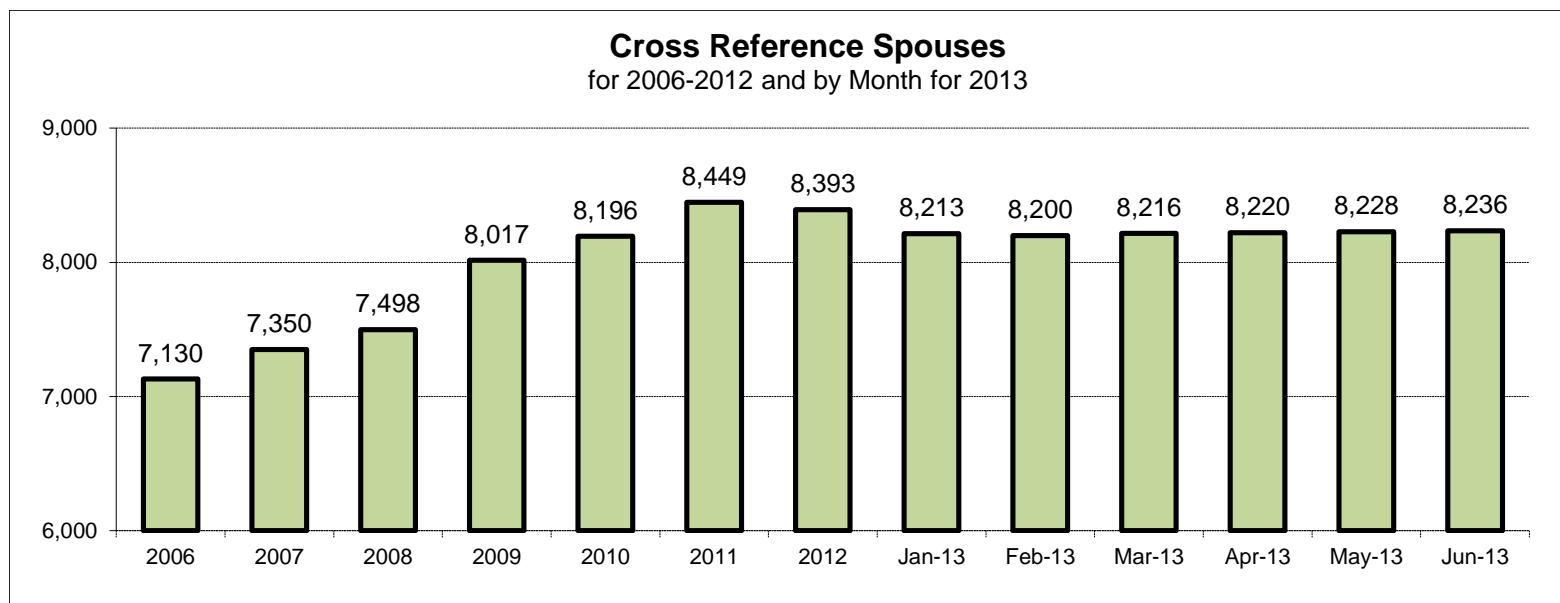


The following chart shows member enrollment (covered lives) for 2006-2012 and monthly year-to-date for 2013. Enrollment will fluctuate on a monthly basis.



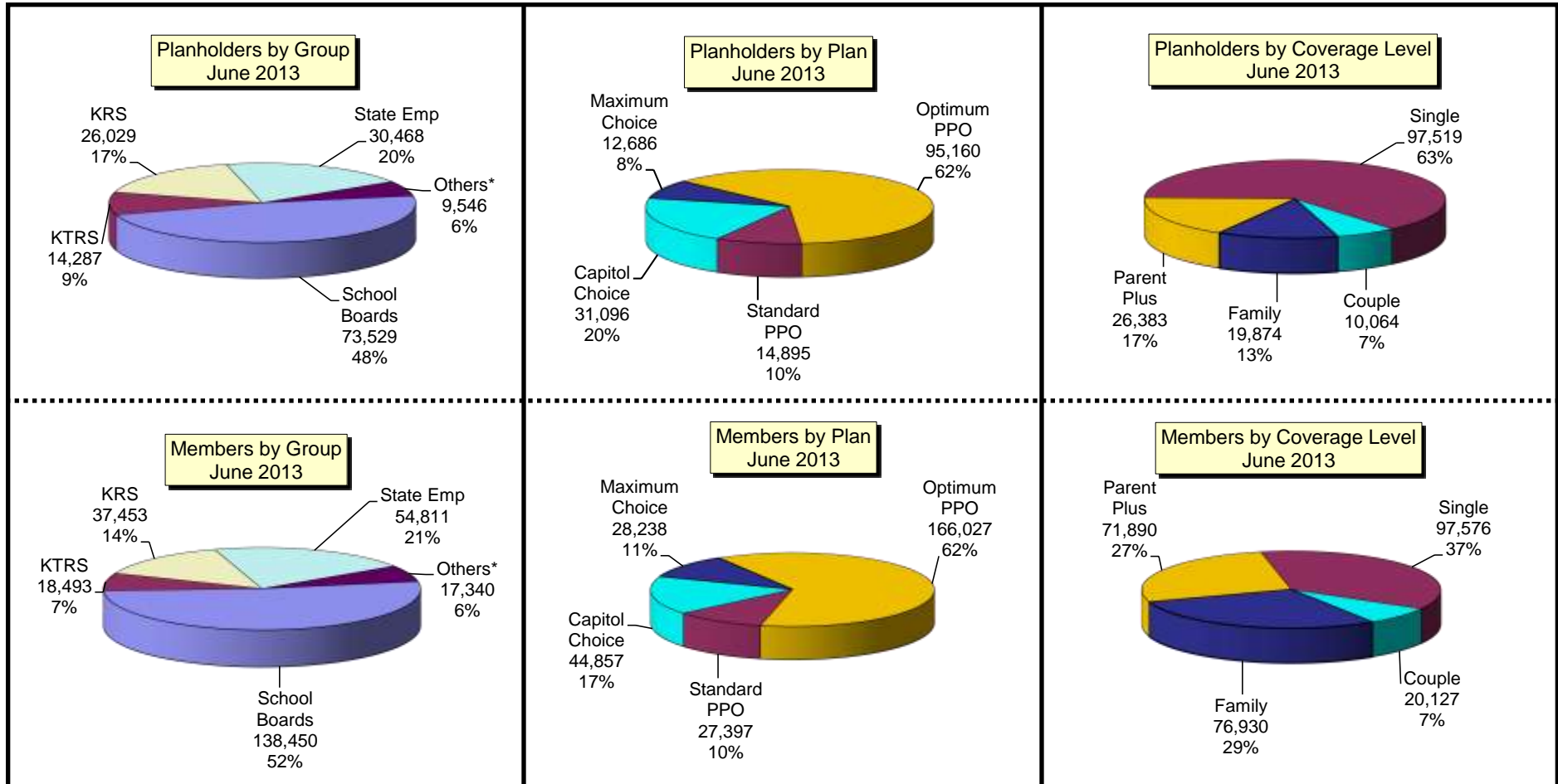
## **Enrollment** *(continued)*

The following graph shows the number of cross-reference spouses for 2006-2012 and monthly year-to-date for 2013. The number of Cross Referenced Spouses will fluctuate on a monthly basis.



## **Enrollment** *(continued)*

The following charts show Planholder and Member enrollment by group, plan, and coverage level.

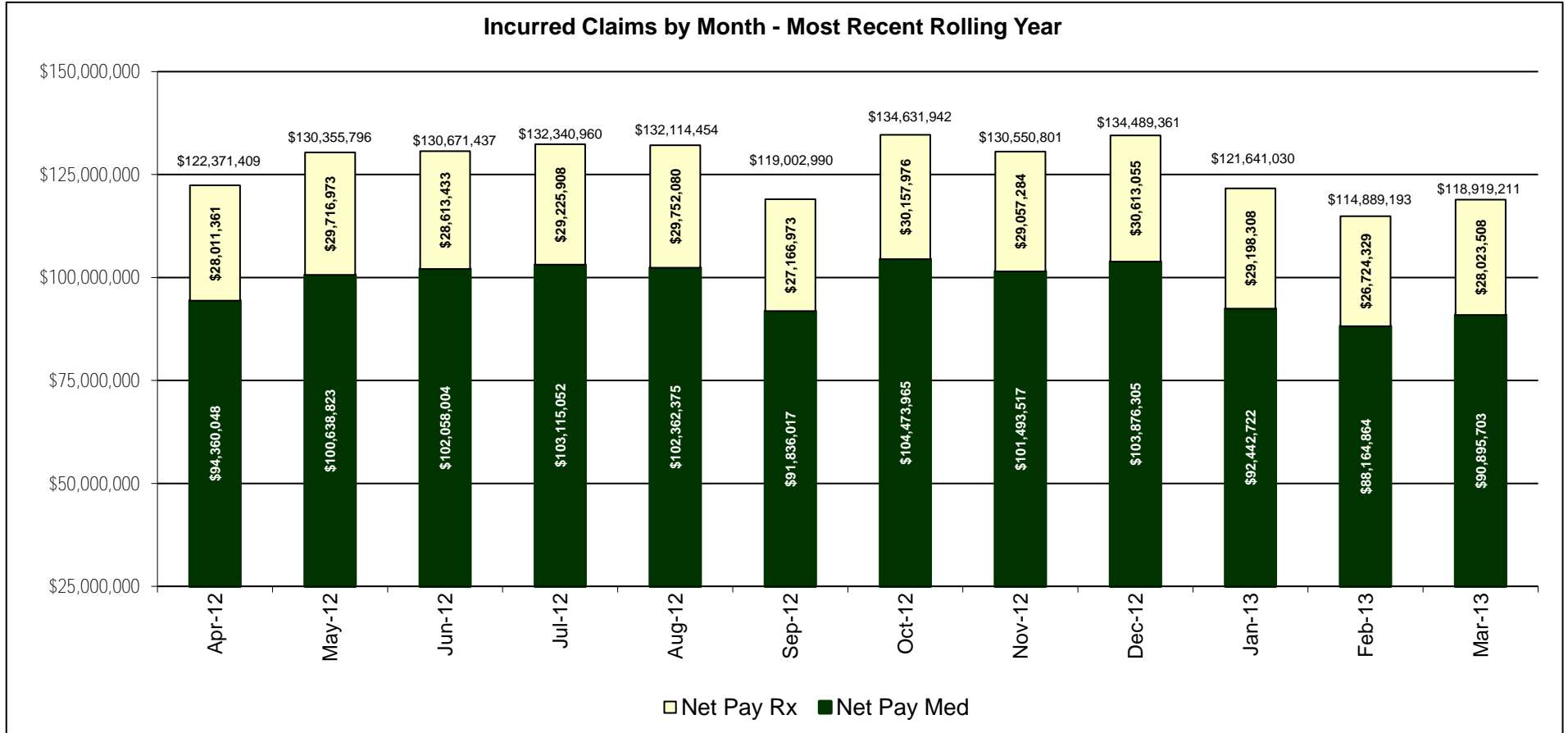


\* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).



## Claims Costs

Claims costs include Medical and Prescription (Rx) for the most recent rolling year. Based on Incurred Claims.



### **Claims Costs** *(continued)*

The following tables represent incurred claims by Group for 2006 - 2012 and monthly year-to-date for 2013.

#### **INCURRED MEDICAL CLAIMS (no Rx) by Group:**

	<b>School Boards</b>	<b>KTRS</b>	<b>KRS</b>	<b>State Employees</b>	<b>Others*</b>	<b>Totals</b>
2006	\$307,404,829	\$93,874,833	\$147,000,881	\$151,118,572	\$48,943,683	\$748,342,797
2007	\$335,233,747	\$96,138,953	\$156,119,263	\$147,816,830	\$50,969,860	\$786,278,653
2008	\$402,843,851	\$109,319,917	\$194,688,095	\$178,641,561	\$64,333,716	\$949,827,140
2009	\$427,644,878	\$123,944,338	\$220,434,791	\$177,195,445	\$68,628,440	\$1,017,847,892
2010	\$467,251,898	\$134,399,726	\$218,395,487	\$193,151,301	\$79,182,411	\$1,092,380,824
2011	\$475,388,337	\$137,712,274	\$239,333,561	\$201,308,060	\$80,436,606	\$1,134,178,839
2012	\$508,450,521	\$138,440,808	\$243,717,551	\$206,980,485	\$90,549,962	\$1,188,139,327
Jan 2013	\$39,742,679	\$10,690,883	\$19,765,405	\$15,486,020	\$6,757,734	\$92,442,722
Feb 2013	\$37,091,783	\$10,069,233	\$17,406,078	\$16,031,112	\$7,566,658	\$88,164,864
Mar 2013	\$39,612,654	\$10,384,835	\$17,662,018	\$15,038,146	\$8,198,050	\$90,895,703

\* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

## **Claims Costs** *(continued)*

The following tables represent incurred claims by Group for 2006 - 2012 and monthly year-to-date for 2013.

### **INCURRED Rx CLAIMS (no Med) by Group:**

	<b>School Boards</b>	<b>KTRS</b>	<b>KRS</b>	<b>State Employees</b>	<b>Others*</b>	<b>Totals</b>
2006	\$92,676,509	\$35,017,335	\$53,095,577	\$42,857,791	\$13,481,498	\$237,128,711
2007	\$102,883,195	\$37,889,011	\$61,585,393	\$46,102,562	\$15,361,507	\$263,821,668
2008	\$114,318,657	\$42,211,258	\$72,457,449	\$51,523,178	\$17,638,869	\$298,149,411
2009	\$119,002,425	\$45,308,689	\$82,234,684	\$50,881,577	\$18,339,245	\$315,766,619
2010	\$129,624,203	\$49,399,459	\$89,783,758	\$55,125,407	\$21,022,918	\$344,955,745
2011	\$123,575,575	\$47,815,993	\$90,375,485	\$52,964,662	\$20,056,104	\$334,787,820
2012	\$131,115,335	\$49,976,575	\$87,305,754	\$57,390,720	\$21,344,999	\$347,133,383
Jan 2013	\$11,310,205	\$4,363,387	\$6,830,222	\$4,834,733	\$1,859,761	\$29,198,308
Feb 2013	\$10,422,868	\$3,915,185	\$6,057,636	\$4,563,419	\$1,765,221	\$26,724,329
Mar 2013	\$11,141,409	\$3,987,956	\$6,267,793	\$4,813,380	\$1,812,970	\$28,023,508

\* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

**Claims Costs** *(continued)*

The following tables represent incurred claims by Plan for 2006-2012 and monthly year-to-date for 2013.

**INCURRED MEDICAL CLAIMS (no Rx) by PLAN:**

Time Period	Enhanced	Essential	Premier	Select	Capitol Choice	Maximum Choice	Optimum PPO	Standard PPO	Missing*	Total
2006	\$288,475,412	\$5,444,088	\$450,349,287	\$2,662	\$12,098	\$2,001	\$80,928	\$2,313	\$3,974,007	\$748,342,797
2007	\$338,717,549	\$5,049,175	\$499,351,543	\$7,241,677	\$8,146	\$10,878	\$65,746	\$2,173	\$3,721,482	\$854,168,370
2008	\$378,025,074	\$5,426,578	\$549,135,738	\$12,042,184	\$192,471	\$155,016	\$1,237,182	\$30,902	\$3,581,995	\$949,827,140
2009	\$30,875	\$0	\$107,859	\$9,005	\$115,052,390	\$44,250,277	\$839,555,872	\$14,550,862	\$4,290,752	\$1,017,847,892
2010	N/A	N/A	N/A	N/A	\$120,801,466	\$56,099,090	\$893,370,461	\$15,244,745	\$6,865,062	\$1,092,380,824
2011	N/A	N/A	N/A	N/A	\$145,505,963	\$71,626,119	\$871,910,666	\$39,614,041	\$5,522,050	\$1,134,178,839
2012	N/A	N/A	N/A	N/A	\$159,616,386	\$75,632,110	\$889,200,867	\$53,609,863	\$10,080,101	\$1,188,139,327
Jan-13	N/A	N/A	N/A	N/A	\$11,818,148	\$3,435,769	\$71,646,246	\$3,868,490	\$1,674,070	\$92,442,722
Feb-13	N/A	N/A	N/A	N/A	\$10,977,151	\$4,064,891	\$66,850,360	\$4,291,529	\$1,980,933	\$88,164,864
Mar-13	N/A	N/A	N/A	N/A	\$12,075,352	\$5,200,335	\$67,515,333	\$4,386,448	\$1,718,236	\$90,895,703

*\*Missing means the claims could not be tagged to a specific plan.*

**Claims Costs** *(continued)*

The following tables represent incurred claims by Plan for 2006-2012 and monthly year-to-date for 2013.

**INCURRED Rx CLAIMS (no Med) by PLAN:**

Time Period	Enhanced	Essential	Premier	Select	Capitol Choice	Maximum Choice	Optimum PPO	Standard PPO	Missing*	Total
2006	\$86,176,113	\$1,164,651	\$148,805,657	\$185	\$129	\$460	\$3,784	\$70	\$977,662	\$237,128,711
2007	\$98,794,003	\$968,767	\$162,084,866	\$1,413,084	\$252	\$0	\$9,536	\$1,366	\$484,891	\$263,756,765
2008	\$114,041,269	\$986,314	\$180,478,736	\$1,932,466	\$12,238	\$3,948	\$89,254	\$2,409	\$602,777	\$298,149,411
2009	\$15,498	\$11	\$39,805	\$2,289	\$35,845,894	\$7,804,096	\$267,798,635	\$3,632,729	\$627,662	\$315,766,619
2010	N/A	N/A	N/A	N/A	\$37,400,953	\$10,541,054	\$292,411,029	\$3,839,193	\$763,517	\$344,955,745
2011	N/A	N/A	N/A	N/A	\$43,264,260	\$13,218,233	\$270,059,511	\$7,814,220	\$431,596	\$334,787,820
2012	N/A	N/A	N/A	N/A	\$46,464,377	\$13,970,371	\$275,670,107	\$10,469,206	\$559,322	\$347,133,383
Jan 2013	N/A	N/A	N/A	N/A	\$4,025,379	\$258,398	\$23,710,857	\$1,158,457	\$45,217	\$29,198,308
Feb 2013	N/A	N/A	N/A	N/A	\$3,621,777	\$461,059	\$21,489,548	\$1,108,125	\$43,820	\$26,724,329
Mar 2013	N/A	N/A	N/A	N/A	\$3,734,145	\$813,355	\$22,338,343	\$1,103,190	\$34,475	\$28,023,508

*\*Missing means the claims could not be tagged to a specific plan.*

## **Claims Costs** *(continued)*

The following represents incurred medical claims only (does not include Rx) by Coverage Level for 2006-2012 and monthly year-to-date for 2013.

### **INCURRED MEDICAL CLAIMS (no Rx) by Coverage Level:**

<b>Time Period</b>	<b>Couple</b>	<b>Family</b>	<b>Parent Plus</b>	<b>Single</b>	<b>Unknown*</b>	<b>Total</b>
2006	\$105,900,696	\$142,637,212	\$104,245,315	\$391,585,566	\$3,974,007	\$748,342,797
2007	\$123,989,294	\$160,349,021	\$118,430,067	\$447,682,122	\$3,721,482	\$854,171,987
2008	\$138,340,738	\$179,204,916	\$138,984,028	\$489,769,922	\$3,527,536	\$949,827,140
2009	\$148,834,766	\$197,496,335	\$148,195,132	\$519,153,082	\$4,168,576	\$1,017,847,892
2010	\$161,490,560	\$207,327,688	\$168,831,673	\$547,945,617	\$6,785,286	\$1,092,380,824
2011	\$159,228,992	\$231,754,577	\$184,073,554	\$553,654,275	\$5,467,441	\$1,134,178,839
2012	\$159,919,884	\$247,479,598	\$194,393,142	\$576,280,836	\$10,065,868	\$1,188,139,327
Jan 2013	\$12,137,578	\$18,027,286	\$16,211,658	\$45,454,257	\$611,943	\$92,442,722
Feb 2013	\$11,492,209	\$17,773,916	\$14,933,019	\$42,888,628	\$1,077,093	\$88,164,864
Mar 2013	\$10,986,927	\$17,838,050	\$14,845,071	\$46,209,772	\$1,015,883	\$90,895,703

*\*Unable to tag claims to a specific coverage level*

## **Claims Costs** *(continued)*

The following represents incurred RX claims only (does not include medical) by Coverage Level for 2006-2012 and monthly year-to-date for 2013.

### **INCURRED Rx CLAIMS (no Med) by Coverage Level:**

<b>Time Period</b>	<b>Couple</b>	<b>Family</b>	<b>Parent Plus</b>	<b>Single</b>	<b>Unknown*</b>	<b>Total</b>
2006	\$38,228,159	\$43,809,856	\$25,948,520	\$128,164,514	\$977,662	\$237,128,711
2007	\$42,590,719	\$49,329,230	\$29,736,616	\$141,680,238	\$484,865	\$263,821,668
2008	\$48,563,951	\$54,628,661	\$34,879,637	\$159,504,290	\$572,873	\$298,149,411
2009	\$51,545,047	\$59,726,568	\$37,315,867	\$166,599,775	\$579,363	\$315,766,619
2010	\$57,195,759	\$64,920,207	\$41,129,813	\$180,993,674	\$716,292	\$344,955,745
2011	\$54,887,195	\$65,271,269	\$42,251,430	\$172,031,816	\$346,111	\$334,787,820
2012	\$53,872,122	\$69,638,532	\$46,922,062	\$176,322,135	\$378,532	\$347,133,383
Jan 2013	\$4,257,437	\$5,608,167	\$4,434,646	\$14,860,501	\$37,556	\$29,198,308
Feb 2013	\$3,757,436	\$5,166,448	\$4,073,849	\$13,691,913	\$34,683	\$26,724,329
Mar 2013	\$3,971,460	\$5,643,466	\$4,210,285	\$14,169,381	\$28,916	\$28,023,508

*\*Unable to tag claims to a specific coverage level*

## Medical Claims Utilization

The following is based on medical claims\* (does not include Rx) incurred for January - February 2013.

Commonwealth Plan	Admits Per 1000 Acute	Admits Per 1000 Acute Rcnt Sgovt	%Diff from {Rcnt SGovt}	Days LOS Admit Acute	Days LOS Admit Acute Rcnt Sgovt	%Diff from Rcnt SGovt	Days Per 1000 Adm Acute	Days Per 1000 Adm Acute Rcnt Sgovt	%Diff from Rcnt Sgovt
Capitol Choice	57.03	73.76	-22.69%	4.00	5.49	-27.13%	228.29	303.46	-24.77%
Maximum Choice	52.88	62.70	-15.66%	3.65	4.80	-23.98%	192.82	250.25	-22.95%
Optimum PPO	83.18	70.12	18.62%	4.17	5.50	-24.07%	347.16	298.97	16.12%
Standard PPO	53.29	67.29	-20.79%	3.66	4.62	-20.76%	195.16	272.31	-28.33%
Average	72.60	69.67	4.21%	4.07	5.38	-24.27%	295.72	291.94	1.30%

Commonwealth Plan	Visits Per 1000 Office Med	Visits Per 1000 Office Med Rcnt Sgovt	%Diff from Rcnt SGovt	Visits Per 1000 ER	Visits Per 1000 ER Rcnt Sgovt	%Diff from Rcnt Sgovt
Capitol Choice	7,409.57	7,570.31	-2.12%	188.44	248.04	-24.03%
Maximum Choice	6,227.91	6,528.44	-4.60%	192.40	244.43	-21.29%
Optimum PPO	9,158.24	7,549.42	21.31%	233.11	243.93	-4.44%
Standard PPO	5,041.22	6,784.98	-25.70%	187.72	246.74	-23.92%
Average	8,143.84	7,369.10	10.51%	216.77	244.96	-11.51%

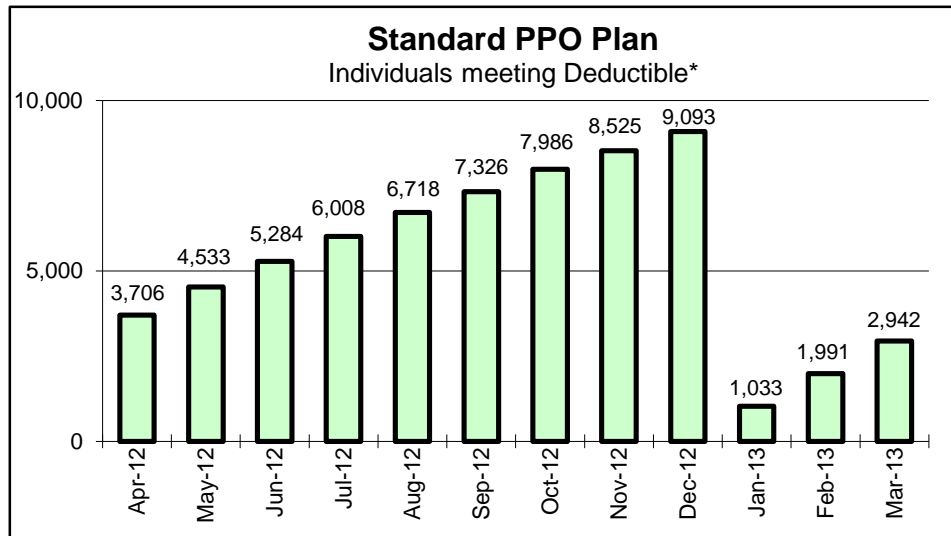
Commonwealth Plan	Svcs Per 1000 OP Lab	Svcs Per 1000 OP Lab Rcnt US	%Diff from Rcnt US	Svcs Per 1000 OP Rad	Svcs Per 1000 OP Rad Rcnt US	%Diff from Rcnt US
Capitol Choice	9,172.72	8,128.16	12.85%	2,418.17	2,285.58	5.80%
Maximum Choice	7,336.51	6,563.42	11.78%	1,738.67	1,691.34	2.80%
Optimum PPO	12,147.00	7,926.76	53.24%	3,067.32	2,274.30	34.87%
Standard PPO	6,635.44	7,028.48	-5.59%	1,609.70	1,841.07	-12.57%
Average	10,589.12	7,727.44	37.03%	2,672.51	2,171.56	23.07%

\*Services are tracked by each service, not by each visit. Therefore, if two laboratory services are performed at one visit, it will count as two services.

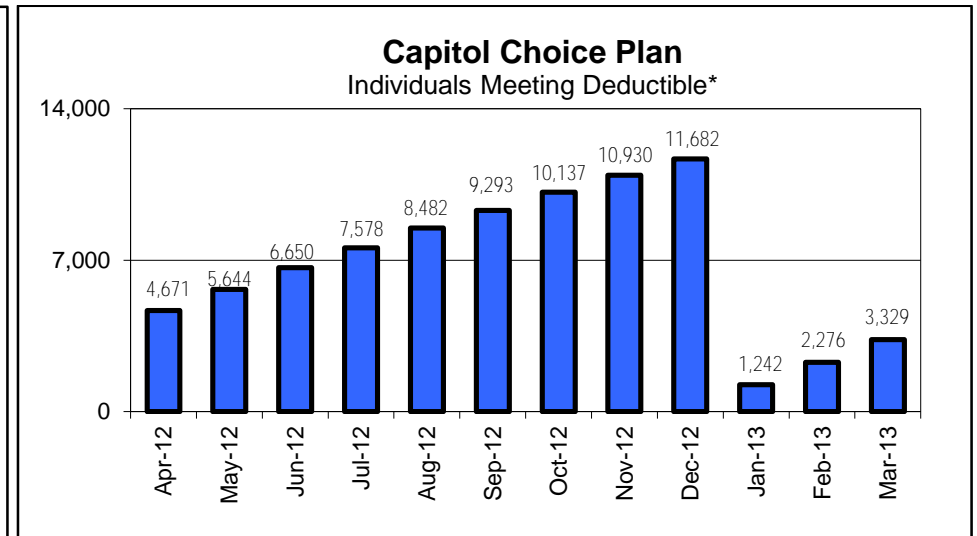


## Analysis of Individuals and Families Meeting Their Deductibles

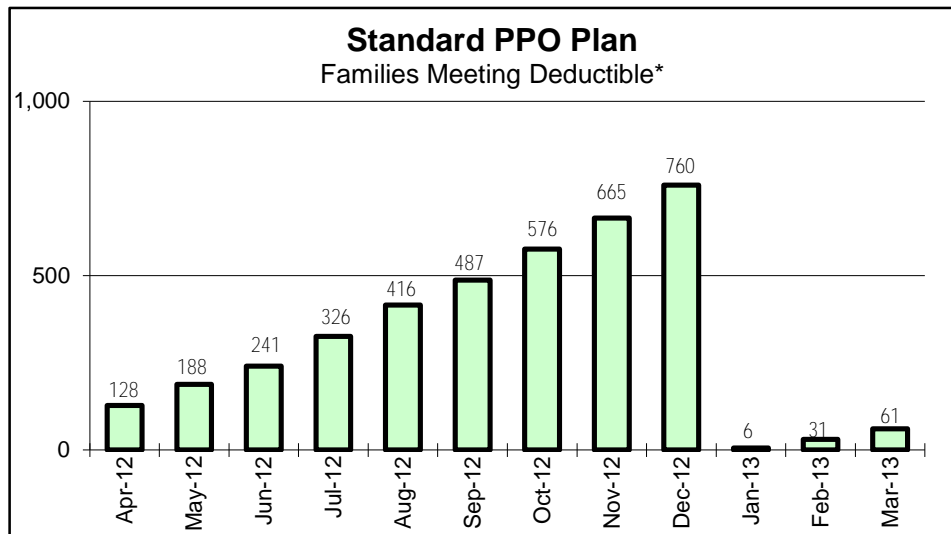
The following details the number of individuals and families by plan that met their deductible for the latest rolling year. This report is based on incurred claims.



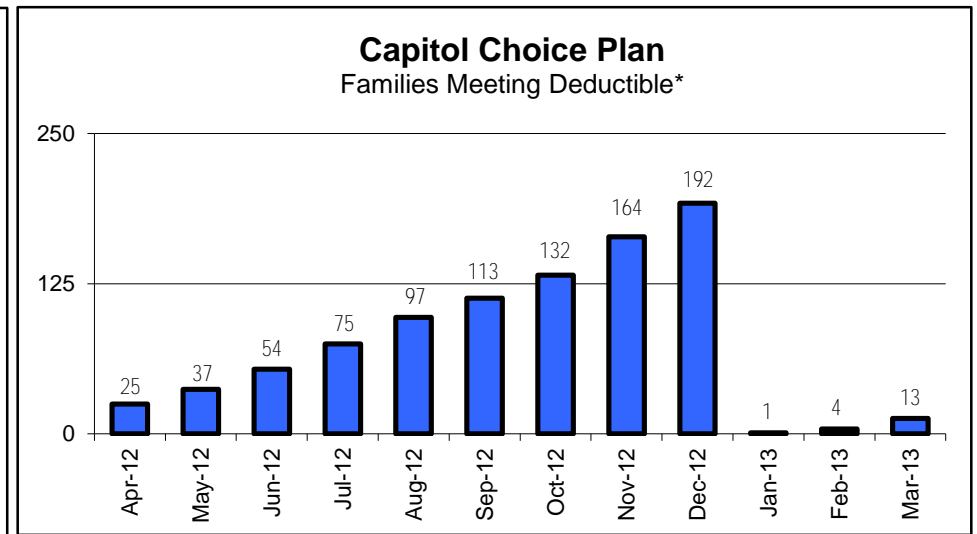
\* 2012 Individual Deductible is \$500; 2013 Individual Deductible is \$600



\* 2012 Individual Deductible is \$600; 2013 Individual Deductible is \$615



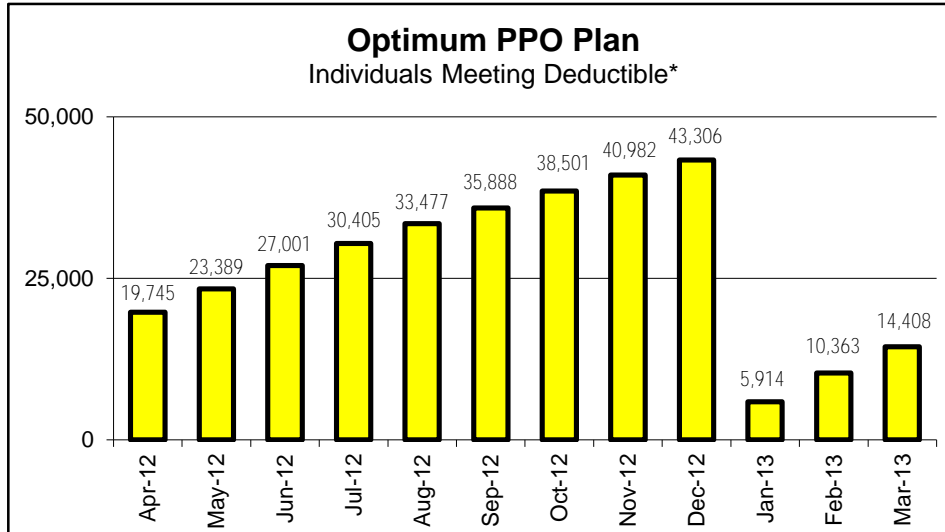
\* 2012 Family Deductible is \$1,500; 2013 Family Deductible is \$1,800



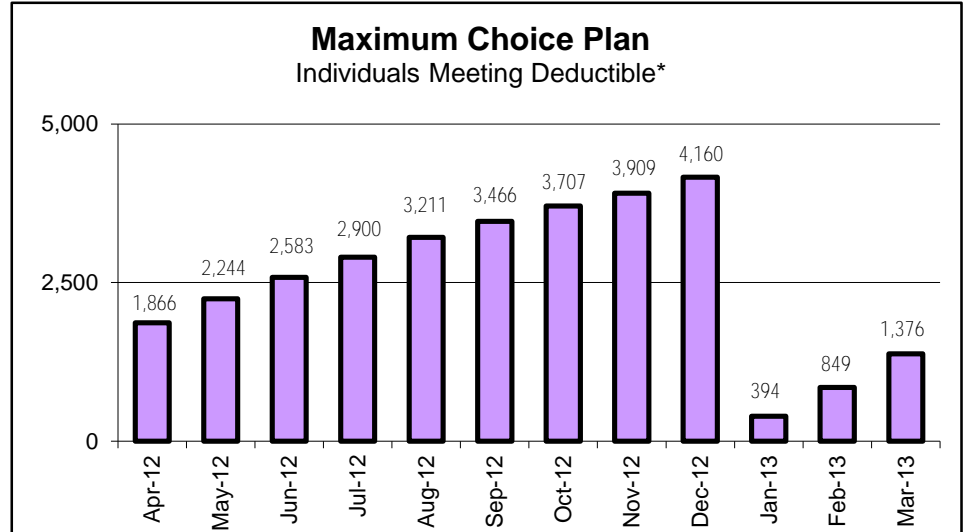
\* 2012 Family Deductible is \$1,800; 2013 Family Deductible is \$1,850

## Analysis of Individuals and Families Meeting Their Deductibles *(continued)*

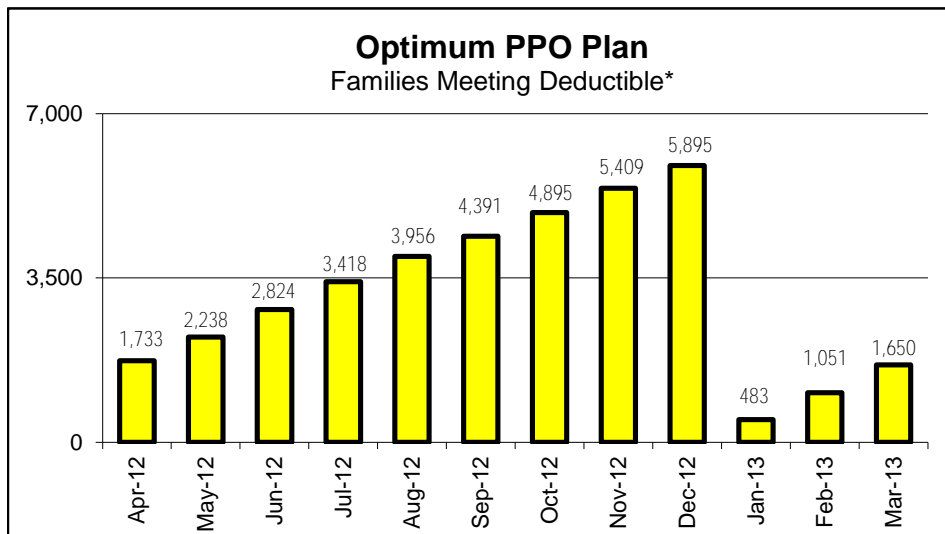
The following details the number of individuals and families by plan that met their deductible for the latest rolling year. This report is based on incurred claims.



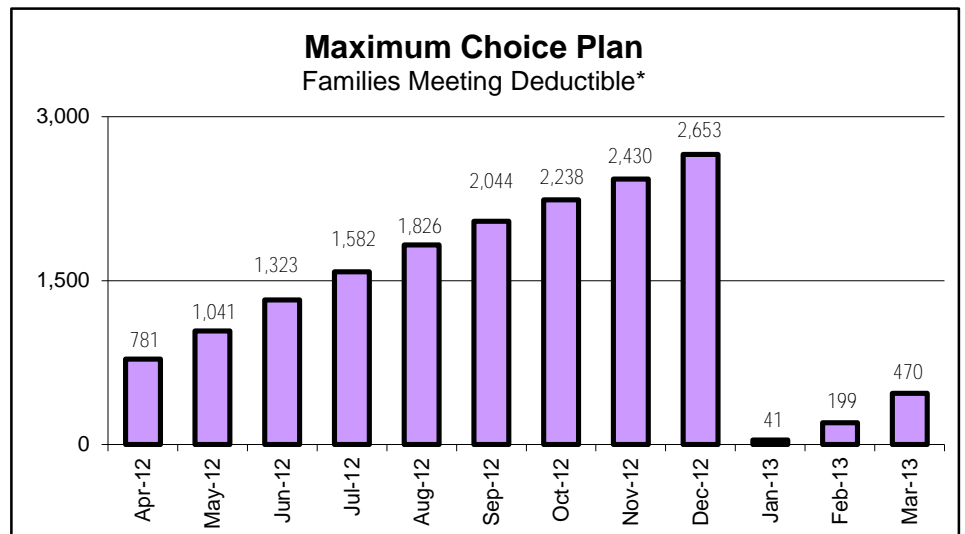
\* 2012 Individual Deductible is \$355; 2013 Individual Deductible is \$370



\* 2012 Individual Deductible is \$2,325; 2013 Individual Deductible is \$2,450



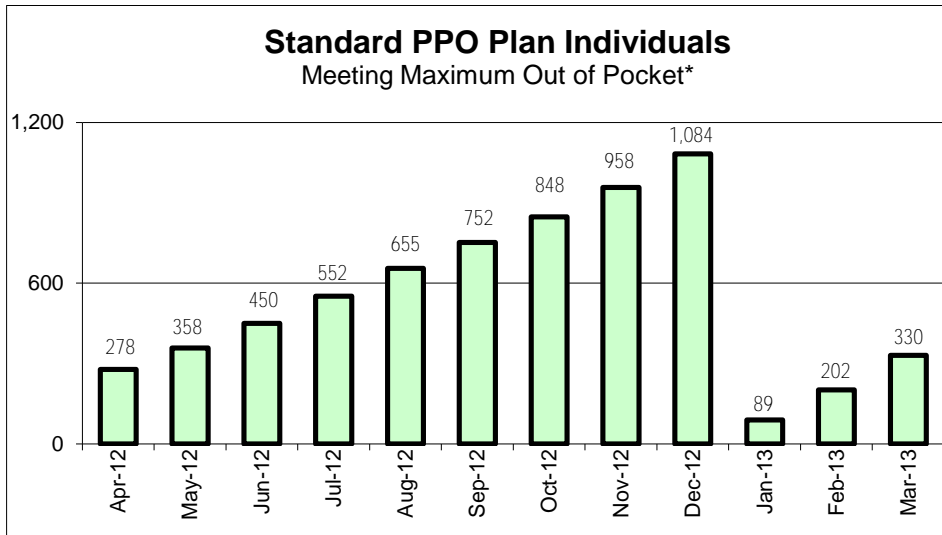
\* 2012 Family Deductible is \$720; 2013 Family Deductible is \$740



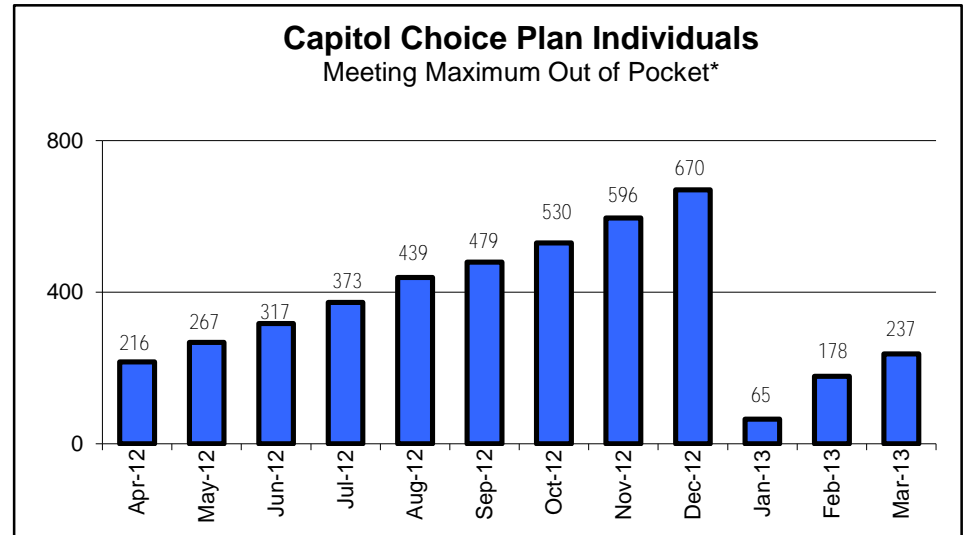
\* 2012 Family Deductible is \$3,530; 2013 Family Deductible is \$3,650

## Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses *(continued)*

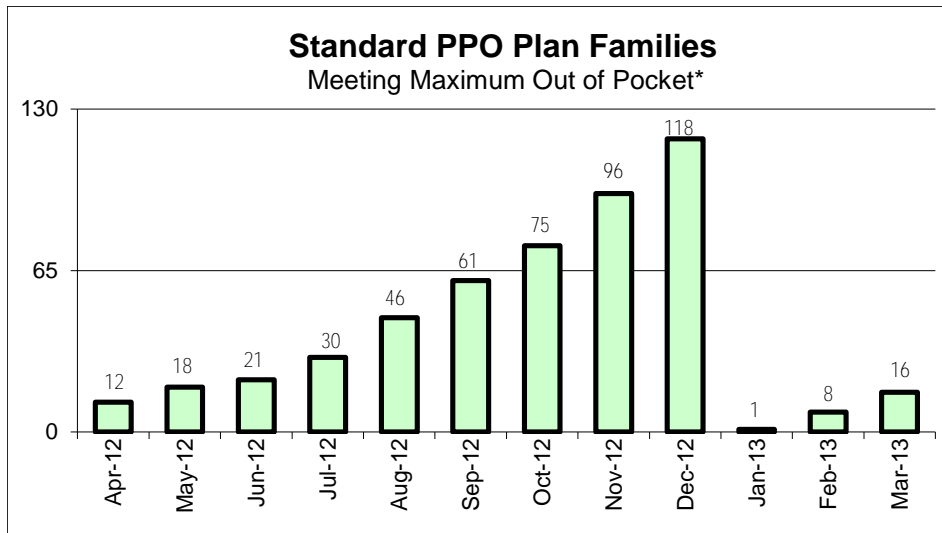
The following details the number of individuals and families by plan that met their maximum out of pocket expense for the latest rolling year. This report is based on incurred claims.



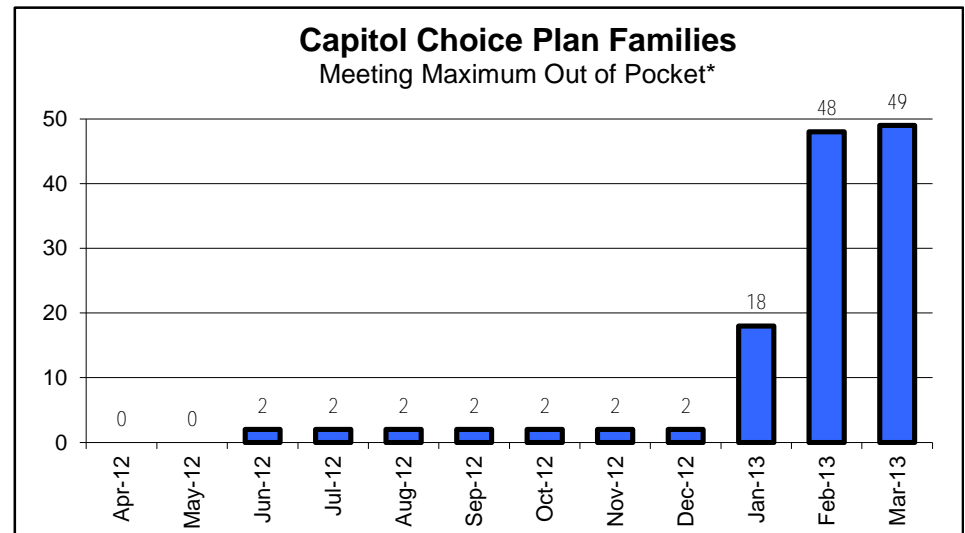
\* 2012 Individual Maximum Out of Pocket is \$3,500; 2013 Individual Maximum Out of Pocket is \$3,000



\* 2012 Individual Maximum Out of Pocket is \$2,400; 2013 Individual Maximum Out of Pocket is \$2,470



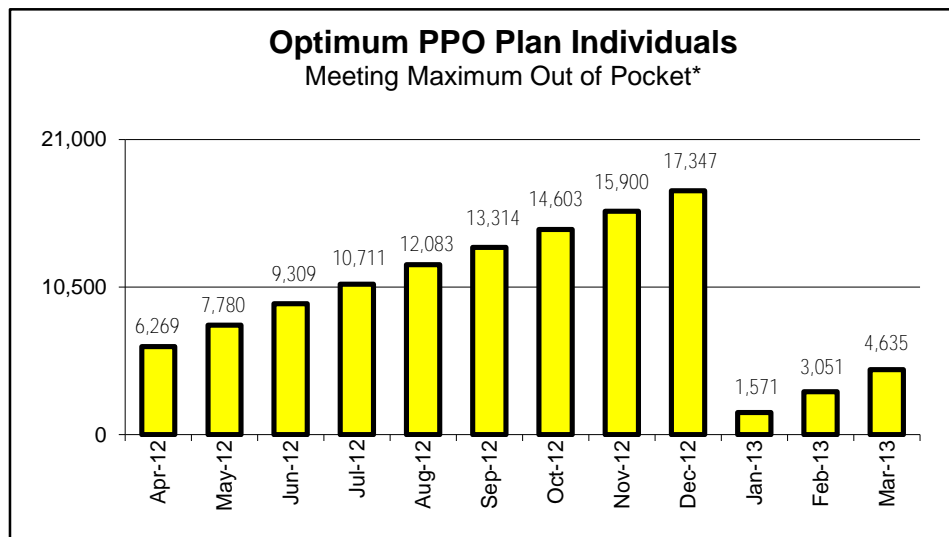
\* 2012 Family Maximum Out of Pocket is \$7,000; 2013 Maximum Out of Pocket is \$6,000



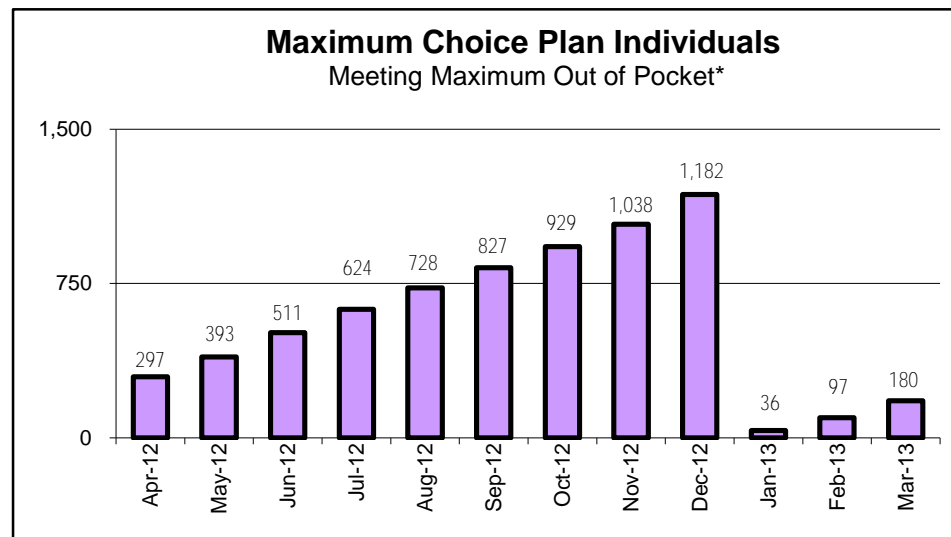
\* 2012 Family Maximum Out of Pocket is \$7,000; 2013 Family Maximum Out of Pocket is \$7,400

## Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses *(continued)*

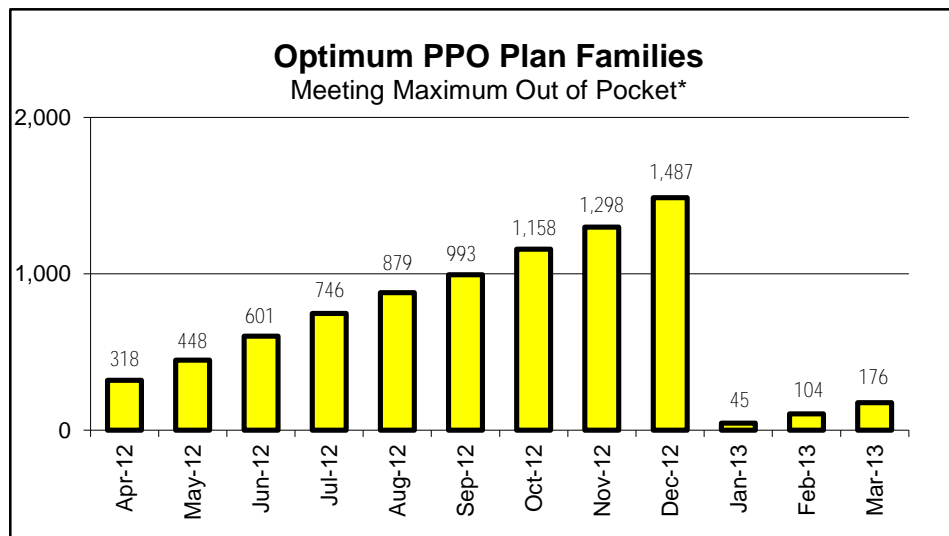
The following details the number of individuals and families by plan that met their maximum out of pocket expense for the latest rolling year. This report is based on incurred claims.



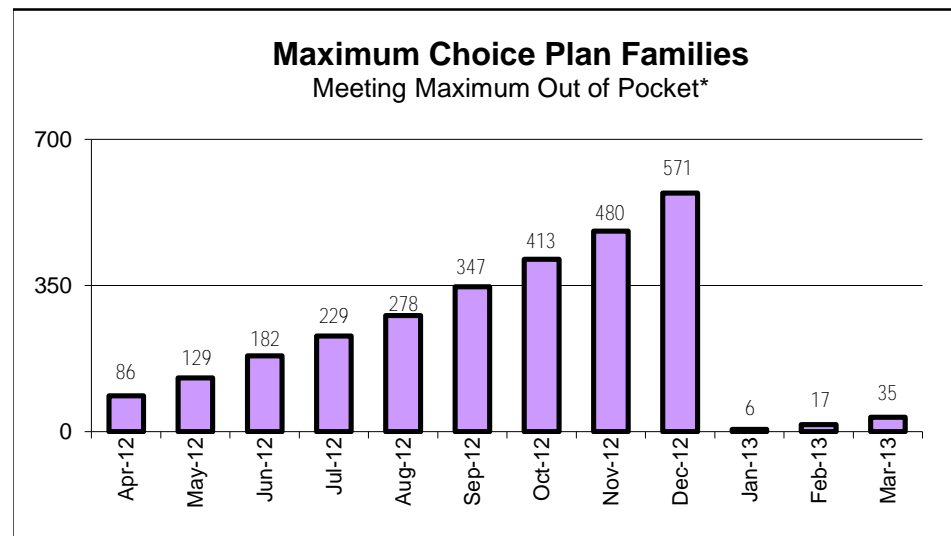
\* 2012 Individual Maximum Out of Pocket is \$1,350; 2013 Maximum Out of Pocket is \$1,390



\* 2012 Individual Maximum Out of Pocket is \$3,550; 2013 Individual Max Out of Pocket is \$3,700



\* 2012 Family Maximum Out of Pocket is \$2,700; 2013 Family Maximum Out of Pocket is \$2,780



\* 2012 Family Maximum Out of Pocket is \$5,280; 2013 Family Maximum Out of Pocket is \$5,400

## Historical Analysis of Individuals and Families Meeting Their Deductibles and Maximum Out of Pocket Expenses

(continued)

The following details the number of individuals and families by plan that met their deductibles and/or maximum out of pocket (MOOP) expense for the years 2006-2013. This report is based on incurred claims.

Individuals and Families in Essential (2006-08) and Standard PPO (2009-13)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP
2006	Essential	\$750	22.14%	\$3,500	2.96%	\$1,500	16.35%	\$7,000	1.08%
2007	Essential	\$750	22.41%	\$3,500	3.30%	\$1,500	17.70%	\$7,000	1.16%
2008	Essential	\$750	24.25%	\$3,500	4.01%	\$1,500	19.35%	\$7,000	1.51%
2009	Standard PPO	\$750	32.06%	\$3,500	5.85%	\$1,500	8.74%	\$7,000	1.14%
2010	Standard PPO	\$500	38.12%	\$3,500	4.81%	\$1,500	3.61%	\$7,000	0.73%
2011	Standard PPO	\$500	39.40%	\$3,500	4.55%	\$1,500	3.99%	\$7,000	0.56%
2012	Standard PPO	\$500	40.28%	\$3,500	4.80%	\$1,500	4.93%	\$7,000	0.77%
2013	Standard PPO	\$600	10.95%	\$3,000	1.23%	\$1,800	0.40%	\$6,000	0.11%

Individuals and Families in Enhanced (2006-08) and Capitol Choice (2009-13)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP
2006	Enhanced	\$250	21.52%	\$1,250	5.80%	\$500	9.95%	\$2,500	0.94%
2007	Enhanced	\$250	21.31%	\$1,250	7.48%	\$500	8.93%	\$2,500	1.00%
2008	Enhanced	\$250	21.95%	\$1,250	8.11%	\$500	9.06%	\$2,500	1.20%
2009	Capitol Choice	\$500	27.85%	\$2,000	1.86%	\$1,500	0.59%	\$6,000	0.01%
2010	Capitol Choice	\$500	25.19%	\$2,000	1.84%	\$1,500	0.49%	\$6,000	0.01%
2011	Capitol Choice	\$575	24.93%	\$2,300	1.61%	\$1,725	0.45%	\$6,900	0.01%
2012	Capitol Choice	\$600	25.72%	\$2,400	1.48%	\$1,800	0.55%	\$7,000	0.01%
2013	Capitol Choice	\$615	0.73%	\$2,470	0.52%	\$1,850	0.04%	\$7,400	0.15%

## Historical Analysis of Individuals and Families Meeting Their Deductibles and Maximum Out of Pocket Expenses

(continued)

The following details the number of individuals and families by plan that met their deductibles and/or maximum out of pocket expense for the years 2006-2013. This report is based on incurred claims.

Individuals and Families in Premier (2006-08) and Optimum PPO (2009-13)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP
2006	Premier	\$250	30.15%	\$1,000	6.70%	\$500	9.95%	\$2,000	1.17%
2007	Premier	\$250	30.04%	\$1,000	7.78%	\$500	8.93%	\$2,000	1.20%
2008	Premier	\$250	30.51%	\$1,000	8.60%	\$500	9.06%	\$2,000	1.26%
2009	Optimum PPO	\$250	27.18%	\$1,125	10.05%	\$500	8.42%	\$2,250	1.51%
2010	Optimum PPO	\$300	25.80%	\$1,125	10.89%	\$600	7.05%	\$2,250	1.47%
2011	Optimum PPO	\$345	25.16%	\$1,295	9.99%	\$690	7.31%	\$2,590	1.36%
2012	Optimum PPO	\$355	24.88%	\$1,350	9.96%	\$720	5.51%	\$2,700	1.39%
2013	Optimum PPO	\$370	8.57%	\$1,390	2.76%	\$740	5.18%	\$2,780	0.18%

Individuals and Families in Select (2007-08) and Maximum Choice (2009-13)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP
2007	Select	\$2,000	11.72%	\$3,000	3.01%	\$3,000	18.50%	\$4,500	2.61%
2008	Select	\$2,000	12.81%	\$3,000	3.63%	\$3,000	20.03%	\$4,500	3.91%
2009	Maximum Choice	\$2,000	14.90%	\$3,000	4.52%	\$3,000	15.96%	\$4,500	3.64%
2010	Maximum Choice	\$2,000	15.12%	\$3,000	4.91%	\$3,000	16.78%	\$4,500	4.14%
2011	Maximum Choice	\$2,300	14.60%	\$3,455	4.53%	\$3,455	18.28%	\$5,185	4.37%
2012	Maximum Choice	\$2,325	14.69%	\$3,550	4.17%	\$3,530	18.72%	\$5,280	4.03%
2013	Maximum Choice	\$2,450	4.88%	\$3,700	0.64%	\$3,650	3.65%	\$5,400	0.27%

### **Premium (or Premium Equivalent)**

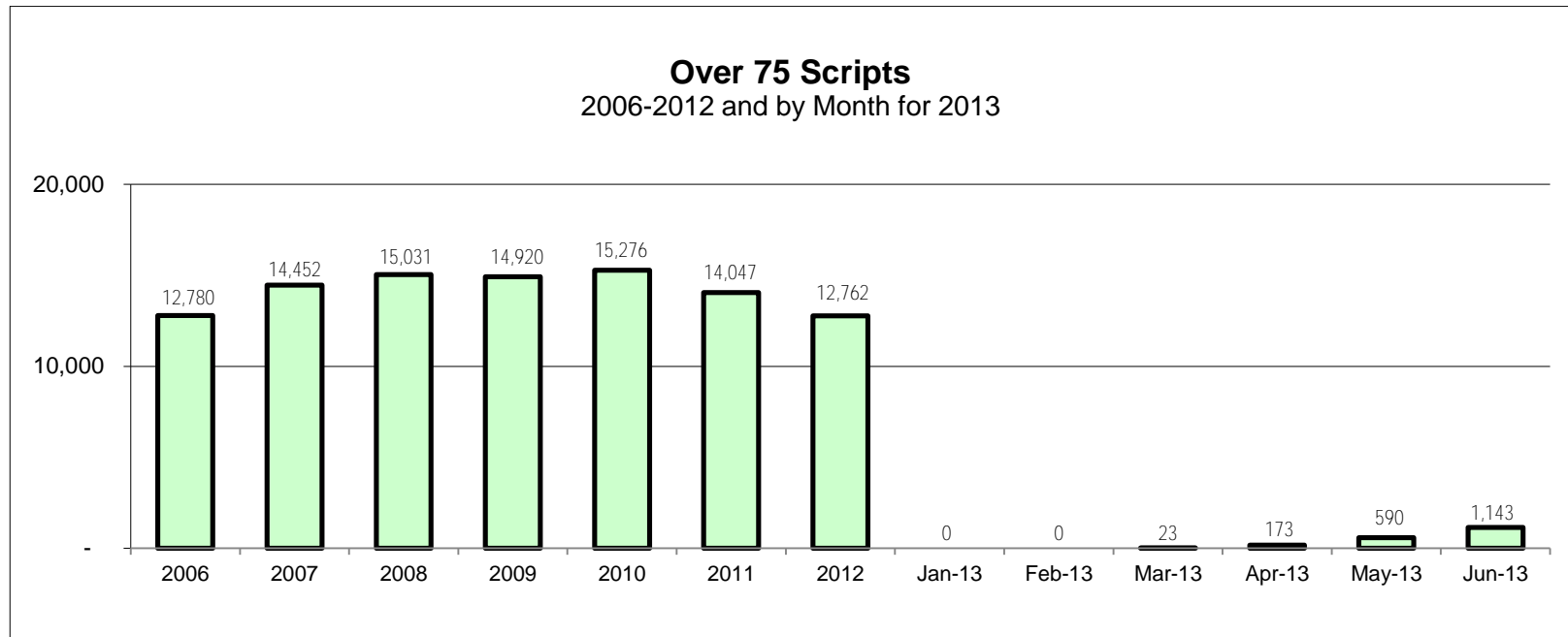
The following details the amount of premium\* (or premium equivalent) paid by the employee and employer for 2006-2012 and monthly through 2013.

<b>Time Period</b>	<b>Employee Premium Amount</b>	<b>Employer Premium Amount</b>	<b>Total Premium Amount</b>
2006	\$153,787,780	\$948,458,338	\$1,102,246,118
2007	\$167,530,819	\$973,220,791	\$1,140,751,611
2008	\$179,094,322	\$1,039,574,462	\$1,218,668,784
2009	\$210,980,360	\$1,190,104,292	\$1,401,084,653
2010	\$223,160,749	\$1,325,801,265	\$1,548,962,014
2011	\$274,375,886	\$1,324,091,690	\$1,598,467,575
2012	\$271,663,955	\$1,332,767,157	\$1,604,431,112
Jan-13	\$23,024,056	\$112,131,283	\$135,155,339
Feb-13	\$22,876,405	\$111,640,166	\$134,516,571
Mar-13	\$22,816,111	\$111,627,434	\$134,443,546
Apr-13	\$22,779,603	\$111,507,990	\$134,287,593
May-13	\$22,723,799	\$111,350,345	\$134,074,144
Jun-13	\$22,648,186	\$111,013,937	\$133,662,123

*\*Premium (or premium equivalent) is based on enrollment using published premium rates—it is NOT based on actual payments received.*

## Prescription Drug Utilization

The following details the number of families that have purchased 75 scripts or more during 2006-2012 and by month for 2013. After a family has filled 75 prescriptions via retail purchase, the co-payment is reduced to \$20 for 2nd tier and \$35 for 3rd tier.



The table below summarizes plan impact for families regarding the scripts benefit in 2013:

Script Count, per Family	Number of Families	Number of Scripts	Avg. # of Scripts per Patient	Avg. Net Payment per Script	Net Payments For All Scripts
0 - 75	116,929	1,899,516	10.97	\$70.14	\$133,238,458.08
Over 75	1,143	105,804	40.41	\$83.92	\$8,879,226.74
<b>Total</b>	<b>118,072</b>	<b>2,005,320</b>	<b>11.41</b>	<b>\$70.87</b>	<b>\$142,117,684.82</b>



**Prescription Drug Utilization** *(continued)*

The following details the type of prescription filled, the percent that were generic, and the generic efficiency rate for the most recent rolling year. Based on paid claims..

<b>Time Period</b>	<b>Generic</b>	<b>Brand Name, Generic Available</b>	<b>Brand Name</b>	<b>Other*</b>	<b>Total</b>	<b>Scripts Rx % Generic</b>	<b>Scripts Generic Efficiency Rx</b>
Jul 2012	342,954	21,789	80,406	8,441	453,590	75.61%	94.03%
Aug 2012	280,261	17,578	60,173	6,903	364,915	76.80%	94.10%
Sep 2012	287,788	19,538	60,127	7,025	374,478	76.85%	93.64%
Oct 2012	366,332	29,588	77,870	9,167	482,957	75.85%	92.53%
Nov 2012	294,710	20,174	58,192	7,258	380,334	77.49%	93.59%
Dec 2012	314,263	20,350	62,249	7,760	404,622	77.67%	93.92%
Jan 2013	371,379	23,417	75,935	9,191	479,922	77.38%	94.07%
Feb 2013	301,567	17,036	57,859	7,840	384,302	78.47%	94.65%
Mar 2013	303,396	16,963	57,036	8,128	385,523	78.70%	94.71%
Apr 2013	358,548	20,032	68,109	10,006	456,695	78.51%	94.71%
May 2013	274,025	15,208	51,686	7,721	348,640	78.60%	94.74%
Jun 2013	284,263	15,785	54,890	8,853	363,791	78.14%	94.74%

*\*Includes: Over the Counter (usually items such as diabetic supplies, syringes, and test strips, etc.), Other/Unavailable or Missing (Unable to tag to a specific group).*

### **Prescription Drug Utilization** *(continued)*

The following details the number of members and patients utilizing prescription benefits and the associated costs for the most recent rolling year. Based on Incurred Claims.

<b>Time Period</b>	<b>Members</b>	<b>Patients</b>	<b>Scripts</b>	<b>Scripts Per Member</b>	<b>Scripts Per Patient</b>	<b>Allow Amt* Per Script</b>	<b>Net Pay Per Script</b>	<b>Member Cost Per Script</b>	<b>Patient Cost Per Script</b>
Apr 2012	270,888	165,779	406,227	1.49	2.93	\$85.15	\$68.95	\$22.34	\$36.50
May 2012	270,920	166,325	418,902	1.54	3.00	\$86.87	\$70.94	\$22.59	\$36.79
Jun 2012	270,646	164,122	398,686	1.47	2.95	\$87.46	\$71.77	\$21.16	\$34.89
Jul 2012	268,605	165,431	398,584	1.48	2.96	\$88.80	\$73.32	\$20.99	\$34.07
Aug 2012	267,402	167,403	413,647	1.54	2.99	\$87.00	\$71.93	\$21.26	\$33.96
Sep 2012	265,359	164,047	389,588	1.46	2.86	\$84.31	\$69.73	\$19.45	\$31.46
Oct 2012	269,102	176,489	433,815	1.61	3.01	\$83.84	\$69.52	\$20.93	\$31.91
Nov 2012	268,997	169,751	416,462	1.54	2.93	\$84.04	\$69.77	\$20.03	\$31.73
Dec 2012	269,238	169,971	432,107	1.60	2.98	\$85.27	\$70.85	\$21.01	\$33.28
Jan 2013	268,023	175,530	432,448	1.61	2.95	\$85.67	\$67.52	\$27.08	\$41.35
Feb 2013	267,120	165,810	386,242	1.44	2.80	\$86.69	\$69.19	\$23.33	\$37.58
Mar 2013	267,302	167,530	411,027	1.53	2.92	\$85.10	\$68.18	\$23.92	\$38.17

*\*\*Allow Amt" is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.*

## **Prescription Drug Utilization** *(continued)*

The following Top 25 Drug Analysis is based on Rx claims incurred January - March 2013.

<b>Prev Rank</b>	<b>Curr Rank</b>	<b>Product Name</b>	<b>Brand/Generic</b>	<b>Therapeutic Classes</b>	<b>Net Pay Rx</b>	<b>Net Pay Rx as Pct of All Drugs</b>	<b>Scripts Rx</b>	<b>Net Pay Per Day Supply Rx</b>	<b>Patients Rx</b>
1	1	NEXIUM	Single source brand	Gastrointestinal Drugs	\$2,749,245.73	3.28%	11,243	\$6.22	5,741
2	2	CRESTOR	Single source brand	Cardiovascular Agents	\$2,326,938.10	2.77%	13,612	\$4.21	6,933
3	3	HUMIRA	Single source brand	Immunosuppressants	\$2,324,934.07	2.77%	679	\$85.99	355
4	4	CYMBALTA	Single source brand	Central Nervous System	\$2,255,213.74	2.69%	8,713	\$7.08	4,069
5	5	ENBREL	Single source brand	Immunosuppressants	\$1,857,122.39	2.21%	521	\$87.21	307
6	6	COPAXONE	Single source brand	Misc Therapeutic Agents	\$1,300,001.23	1.55%	188	\$153.66	108
7	7	ABILIFY	Single source brand	Central Nervous System	\$1,286,844.75	1.53%	1,883	\$18.99	969
8	8	TAMIFLU	Single source brand	Anti-Infective Agents	\$981,837.06	1.17%	11,871	\$12.71	11,856
9	9	MONTELUKAST SODIUM	Multisource generic	Respiratory Tract Agents	\$947,070.56	1.13%	15,674	\$1.61	8,414
10	10	JANUVIA	Single source brand	Hormones & Synthetic Subst	\$892,996.38	1.06%	3,241	\$6.83	1,592
11	11	LANTUS SOLOSTAR	Single source brand	Hormones & Synthetic Subst	\$808,183.71	0.96%	2,563	\$7.92	1,509
12	12	ANDROGEL	Multisource brand, no generic	Hormones & Synthetic Subst	\$784,869.99	0.93%	1,840	\$12.98	1,018
14	13	GILENYA	Single source brand	Misc Therapeutic Agents	\$719,234.81	0.86%	99	\$165.72	53
13	14	ATORVASTATIN CALCIUM	Multisource generic	Cardiovascular Agents	\$704,443.92	0.84%	12,537	\$1.36	6,731
15	15	VICTOZA	Single source brand	Hormones & Synthetic Subst	\$685,504.90	0.82%	1,546	\$11.99	818
16	16	CELEBREX	Single source brand	Central Nervous System	\$647,555.35	0.77%	3,062	\$5.42	1,665
18	17	LOVAZA	Single source brand	Cardiovascular Agents	\$609,174.68	0.73%	3,144	\$4.78	1,717
17	18	GABAPENTIN	Multisource generic	Central Nervous System	\$582,174.95	0.69%	10,783	\$1.51	5,772
21	19	HUMALOG	Multisource brand, no generic	Hormones & Synthetic Subst	\$568,811.56	0.68%	1,300	\$11.26	763
-	20	REBIF	Single source brand	Misc Therapeutic Agents	\$545,500.74	0.65%	89	\$143.25	47
24	21	ZETIA	Single source brand	Cardiovascular Agents	\$539,043.06	0.64%	3,284	\$3.87	1,738
22	22	ADVAIR DISKUS 250/50	Single source brand	Hormones & Synthetic Subst	\$535,872.49	0.64%	2,036	\$6.89	1,393
25	23	LYRICA	Single source brand	Central Nervous System	\$520,698.97	0.62%	2,287	\$6.98	1,082
19	24	REVLIMID	Single source brand	Misc Therapeutic Agents	\$518,928.15	0.62%	62	\$344.80	25
-	25	NOVOLOG FLEXPEN	Single source brand	Hormones & Synthetic Subst	\$505,616.75	0.60%	1,124	\$11.28	707

\*"Product Name" includes all strengths/formulations of a drug

**Prescription Drug Utilization** *(continued)*

In summary, the top 25 drugs represent 9.23% of total scripts and 31.29% of total Rx expenditures.

Summary	Net Pay Rx	Scripts Rx	Days Supply Rx
Top Drugs	\$26,267,993	113,447	4,000,135
All Product Names	\$83,946,145	1,229,717	38,279,855
Top Drugs as Pct of All Drugs	31.29%	9.23%	10.45%

## Utilization

The top 25 clinical conditions based on incurred claims for January - March 2013.

Prev Rank	Curr Rank	Clinical Condition	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER	Patients Med	Net Pay Per Pat Med
1	1	Signs/Symptoms/Oth Cond, NEC	\$16,493,614	\$3,263,644	\$12,750,660	2.74	9.14	465.96	15.87	36,837	\$447.75
2	2	Prevent/Admin Hlth Encounters	\$14,690,840	\$82,127	\$14,591,061	0.03	2.50	658.73	0.42	49,065	\$299.42
3	3	Osteoarthritis	\$10,654,812	\$6,750,348	\$3,876,148	3.43	2.78	208.26	0.33	9,096	\$1,171.37
5	4	Gastroint Disord, NEC	\$9,433,331	\$1,685,263	\$7,747,101	1.58	3.79	149.38	20.16	11,982	\$787.29
4	5	Coronary Artery Disease	\$9,417,000	\$5,338,764	\$4,047,069	2.92	3.35	45.78	2.79	3,062	\$3,075.44
6	6	Respiratory Disord, NEC	\$9,341,681	\$2,530,755	\$6,802,811	0.82	4.80	94.18	16.18	9,830	\$950.32
7	7	Chemotherapy Encounters	\$7,709,221	\$829,492	\$6,879,728	0.55	4.11	0.82	0.00	331	\$23,290.70
8	8	Arthropathies/Joint Disord NEC	\$6,901,108	\$750,772	\$6,072,732	0.37	2.56	440.00	4.26	18,392	\$375.22
9	9	Spinal/Back Disord, Low Back	\$6,661,972	\$1,982,988	\$4,673,450	0.82	3.20	557.86	3.65	13,879	\$480.00
10	10	Pregnancy w Vaginal Delivery	\$6,085,425	\$6,054,305	\$31,120	6.77	2.46	0.42	0.25	799	\$7,616.30
11	11	Renal Function Failure	\$5,495,954	\$714,721	\$4,735,675	0.43	4.90	17.05	0.51	1,335	\$4,116.82
12	12	Cardiovasc Disord, NEC	\$4,842,045	\$1,158,055	\$3,681,530	0.80	3.11	52.14	12.15	4,999	\$968.60
15	13	Infections - ENT Ex Otitis Med	\$4,568,674	\$109,935	\$4,455,901	0.33	2.50	724.91	7.72	44,734	\$102.13
13	14	Spinal/Back Disord, Ex Low	\$4,497,737	\$1,211,021	\$3,285,632	0.42	3.75	549.14	1.98	11,617	\$387.17
17	15	Cholecystitis/Cholelithiasis	\$4,215,169	\$1,205,167	\$3,009,988	0.83	4.07	6.04	1.82	752	\$5,605.28
14	16	Newborns, w/wo Complication	\$4,170,647	\$4,011,086	\$159,406	10.15	3.38	4.74	0.22	919	\$4,538.24
16	17	Cardiac Arrhythmias	\$4,130,013	\$1,810,633	\$2,305,219	1.49	2.47	36.97	3.14	2,491	\$1,657.97
19	18	Condition Rel to Tx - Med/Surg	\$3,899,495	\$2,626,740	\$1,268,358	1.79	4.78	6.11	1.98	1,057	\$3,689.21
18	19	Cancer - Breast	\$3,829,983	\$171,648	\$3,653,913	0.16	3.55	31.19	0.01	1,355	\$2,826.56
22	20	Infections, NEC	\$3,261,215	\$2,444,812	\$814,830	0.13	9.89	95.27	3.14	7,118	\$458.16
24	21	Diabetes	\$3,245,612	\$797,379	\$2,443,439	1.06	4.21	204.05	1.59	12,789	\$253.78
20	22	Infections - Respiratory, NEC	\$3,100,988	\$845,678	\$2,249,828	1.58	3.41	303.32	10.36	20,779	\$149.24
21	23	Urinary Tract Calculus	\$3,096,871	\$350,469	\$2,746,061	0.48	2.47	16.72	5.11	1,277	\$2,425.11
23	24	Infec/Inflam - Skin/Subcu Tiss	\$3,013,292	\$680,530	\$2,321,817	1.06	3.73	233.37	3.58	13,764	\$218.93
25	25	Cerebrovascular Disease	\$2,994,855	\$2,032,772	\$941,280	1.61	3.97	12.88	1.86	1,025	\$2,921.81

NOTE: Medical payments represent only the payments made for the specified condition.

**Utilization** *(continued)*

In Summary, the top clinical conditions represent more than 57.37% of total paid claims for all clinical conditions.

Summary	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER
Top Clinical Conditions	\$155,751,555	\$49,439,105	\$105,544,756	42.35	3.71	4,915.25	119.10
All Clinical Conditions	\$271,503,290	\$83,732,117	\$186,404,860	78.18	4.07	8,338.16	223.98
Top Clinical Conditions as Pct of All Clinical Conditions	57.37%	59.04%	56.62%	54.17%	91.02%	58.95%	53.17%

### **Claims Lag Analysis**

The following claims lag information is based on medical claims (does not include Rx) incurred January - March 2013.

<b>Plan</b>	<b>Number of Medical Claims</b>	<b>Avg Days Lag Per Claim</b>	<b>% Claims Paid Within 30 Days</b>	<b>% Claims Paid Within 60 Days</b>	<b>% Claims Paid Within 90 Days</b>
Capitol Choice	322,431	16.7	85.50%	95.08%	97.79%
Maximum Choice	161,769	17.1	85.39%	94.93%	97.75%
Optimum PPO	1,560,810	17	85.03%	95.22%	97.97%
Standard PPO	137,550	22.9	76.22%	89.56%	96.00%
~Missing	14,050	23.3	76.09%	91.44%	96.70%
All Plans	2,196,610	17.4	84.52%	94.80%	97.80%

*\*Missing means the claims could not be tagged to a specific plan.*

### **Claims Lag Analysis** *(continued)*

The following claims lag information is based on all claims (**Medical and Rx**) incurred and paid during the most recent rolling year.

	Month Paid					
Service Month	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012
Apr 2012	\$2,322,510.87	\$2,470,405.12	\$425,601.97	\$91,835.26	-\$296,374.13	\$85,716.45
May 2012	\$9,717,116.58	\$3,351,080.00	\$1,053,881.29	\$1,127,998.33	-\$47,292.50	\$58,078.38
Jun 2012	\$47,793,385.23	\$8,741,060.42	\$2,068,891.51	\$1,292,489.34	\$705,369.90	\$127,320.97
Jul 2012	\$69,581,726.11	\$47,853,886.19	\$8,223,428.18	\$2,619,437.81	\$2,108,250.26	\$873,534.67
Aug 2012	\$0.00	\$69,314,560.23	\$47,048,367.34	\$8,945,611.82	\$4,254,052.43	\$1,149,949.94
Sep 2012	\$0.00	\$0.00	\$52,768,358.23	\$50,488,664.51	\$9,463,785.93	\$2,534,187.90
Oct 2012	\$0.00	\$0.00	\$0.00	\$69,364,415.51	\$50,235,400.00	\$8,755,204.83
Nov 2012	\$0.00	\$0.00	\$0.00	\$0.00	\$66,330,150.90	\$46,645,751.85
Dec 2012	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$62,691,938.34
Jan 2013	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Feb 2013	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mar 2013	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	Month Paid					
Service Month	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013
Apr 2012	\$5,110.16	\$115,990.14	(\$21,808.13)	\$26,295.10	(\$8,068.25)	(\$71,916.03)
May 2012	\$147,991.72	\$97,564.43	\$21,550.60	(\$5,073.51)	\$60,997.05	(\$21,822.80)
Jun 2012	\$271,406.80	\$16,918.11	\$108,908.39	\$42,266.95	\$3,039.61	\$18,523.68
Jul 2012	\$283,119.59	\$568,958.73	\$89,595.23	\$4,615.56	\$45,171.36	\$89,236.32
Aug 2012	\$714,115.73	\$324,971.75	\$130,038.71	\$66,031.88	\$161,192.59	\$5,561.79
Sep 2012	\$1,608,849.66	\$853,610.69	\$593,728.19	\$278,353.58	\$369,496.20	\$43,955.48
Oct 2012	\$4,092,100.37	\$1,120,778.05	\$464,735.23	\$317,595.59	\$279,241.84	\$2,470.31
Nov 2012	\$11,640,647.41	\$4,189,885.49	\$2,067,499.89	(\$609,172.29)	\$79,281.41	\$206,756.25
Dec 2012	\$55,462,697.56	\$8,061,358.83	\$4,321,118.89	\$2,914,636.66	\$929,811.93	\$107,798.41
Jan 2013	\$59,114,212.06	\$45,736,650.93	\$10,281,973.94	\$4,754,075.66	\$1,605,921.56	\$148,195.70
Feb 2013	\$0.00	\$55,791,710.03	\$42,244,020.49	\$10,881,017.43	\$3,984,288.54	\$1,988,156.37
Mar 2013	\$0.00	\$0.00	\$60,771,489.97	\$46,549,038.57	\$9,073,426.22	\$2,525,256.65



### Claims Distribution Based on Age/Gender

The following is based on claims incurred January - March 2013.

	Female			Male		
Age Group	Members Avg	Net Pay Med and Rx	Net Pay Per Member	Members Avg	Net Pay Med and Rx	Net Pay Per Member
Ages < 1	1,280	\$3,167,055.68	\$2,474.84	1,359	\$6,516,860.66	\$4,795.34
Ages 1-4	5,477	\$2,647,985.95	\$483.47	5,828	\$3,015,421.73	\$517.38
Ages 5-9	7,990	\$2,739,090.96	\$342.81	8,269	\$3,330,780.69	\$402.82
Ages 10-14	8,792	\$3,223,119.25	\$366.61	9,039	\$4,878,325.36	\$539.72
Ages 15-17	5,370	\$3,614,025.23	\$673.00	5,869	\$3,134,132.28	\$534.01
Ages 18-19	3,757	\$2,556,129.54	\$680.42	3,895	\$2,003,956.25	\$514.45
Ages 20-24	9,330	\$6,269,940.34	\$672.02	8,665	\$3,493,745.30	\$403.19
Ages 25-29	8,691	\$7,917,682.45	\$910.99	4,712	\$2,440,668.58	\$518.00
Ages 30-34	10,118	\$10,930,619.64	\$1,080.35	5,384	\$3,279,616.13	\$609.11
Ages 35-39	10,872	\$12,068,243.69	\$1,110.00	5,988	\$4,874,689.64	\$814.04
Ages 40-44	13,263	\$16,670,665.90	\$1,256.93	7,081	\$7,058,269.36	\$996.83
Ages 45-49	14,123	\$21,476,201.94	\$1,520.62	8,144	\$11,300,080.12	\$1,387.59
Ages 50-54	16,530	\$29,000,293.62	\$1,754.37	9,282	\$15,661,378.33	\$1,687.23
Ages 55-59	19,515	\$38,516,503.69	\$1,973.72	11,670	\$24,446,404.98	\$2,094.81
Ages 60-64	20,580	\$49,045,519.84	\$2,383.16	13,032	\$34,474,570.39	\$2,645.38
Ages 65-74	2,468	\$6,191,406.16	\$2,508.98	1,725	\$5,618,016.91	\$3,256.82
Ages 75-84	137	\$986,768.46	\$7,202.69	173	\$1,333,907.98	\$7,710.45
Ages 85+	7	\$420,483.62	\$60,069.09	4	\$160,977.16	\$40,244.29

### **Allowed Amount Distribution**

The following table shows the distribution of members for whom the amounts of charges within the specified ranges were allowed. The data appears for the years of 2006—2012 and year to date for 2013.

<b>Allowed Amount</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
less than 0.00	9	16	27	22	42	63	42	0
\$0.00 - \$499.99	54,058	53,891	53,571	53,160	57,392	58,044	60,308	111,477
\$500.00 - \$999.99	32,931	33,830	34,248	34,982	34,386	36,012	36,392	40,284
\$1,000.00 - \$1,999.99	40,360	42,464	42,360	43,452	42,988	44,147	44,224	31,042
\$2,000.00 - \$4,999.99	54,430	56,819	58,612	59,566	60,341	60,339	60,095	23,525
\$5,000.00 - \$9,999.99	30,373	32,271	34,487	35,696	36,028	36,375	35,958	8,499
\$10,000.00 - \$14,999.99	10,608	11,983	13,272	14,198	14,874	15,009	15,288	3,146
\$15,000.00 - \$19,999.99	4,726	5,470	6,332	6,849	7,184	7,339	7,649	1,418
\$20,000.00 - \$29,999.99	4,284	5,050	5,930	6,475	6,960	7,131	7,118	1,324
\$30,000.00 - \$49,999.99	2,844	3,268	3,820	4,451	4,935	5,155	5,320	957
\$50,000.00 - \$74,999.99	1,090	1,306	1,492	1,773	2,022	2,256	2,398	390
\$75,000.00 - \$99,999.99	465	536	589	688	829	839	913	158
\$100,000.00 - \$149,999.99	354	406	499	545	651	707	782	115
\$150,000.00 - \$199,999.99	117	160	194	203	225	274	307	55
\$200,000.00 - \$249,999.99	60	81	83	116	117	118	135	25
over \$249,999.99	99	127	152	166	196	259	269	19
<b>Total</b>	<b>236,808</b>	<b>247,678</b>	<b>255,668</b>	<b>262,342</b>	<b>269,170</b>	<b>274,067</b>	<b>277,198</b>	<b>222,434</b>

## **Summary of Enrollment and Claims**

The following provides a summary of members, incurred medical claims, and incurred Rx claims for the most recent rolling year.

<b>Time Period</b>	<b>Members</b>	<b>Net Pay Med and Rx</b>	<b>Net Pay Med</b>	<b>Net Pay Rx</b>	<b>Claims Paid</b>	<b>Claims Paid Med</b>	<b>Scripts Rx</b>
Apr 2012	270,888	\$122,371,409.05	\$94,360,047.80	\$28,011,361.25	734,111	313,050	406,227
May 2012	270,920	\$130,355,795.60	\$100,638,823.05	\$29,716,972.55	756,115	321,732	418,902
Jun 2012	270,646	\$130,671,437.37	\$102,058,004.40	\$28,613,432.97	734,438	320,378	398,686
Jul 2012	268,605	\$132,340,960.22	\$103,115,052.03	\$29,225,908.19	741,581	327,472	398,584
Aug 2012	267,402	\$132,114,454.21	\$102,362,374.65	\$29,752,079.56	764,722	335,368	413,647
Sep 2012	265,359	\$119,002,990.37	\$91,836,017.43	\$27,166,972.94	702,024	297,541	389,588
Oct 2012	269,102	\$134,631,941.73	\$104,473,965.26	\$30,157,976.47	808,720	356,484	433,815
Dec 2012	269,238	\$134,489,360.62	\$103,876,305.47	\$30,613,055.15	755,545	307,321	432,107
Nov 2012	268,997	\$130,550,800.91	\$101,493,516.58	\$29,057,284.33	756,687	324,162	416,462
Jan 2013	268,023	\$121,641,029.85	\$92,442,721.91	\$29,198,307.94	794,378	344,234	432,448
Feb 2013	267,120	\$114,889,192.86	\$88,164,864.26	\$26,724,328.60	708,624	307,663	386,242
Mar 2013	267,302	\$118,919,211.41	\$90,895,703.42	\$28,023,507.99	739,078	312,393	411,027

*NOTE: Includes run out data from all Carriers*

The following illustrates the change in incurred claims (includes medical and Rx) by rolling year.

<b>Time Period</b>	<b>Members</b>	<b>Total Medical and Rx Claims</b>	<b>Total Medical Claims</b>	<b>Total Rx Claims</b>
Apr 2011 - Mar 2012	270,729	\$1,496,271,243	\$1,155,391,233	\$340,880,009
Apr 2012 - Mar 2013	269,575	\$1,526,741,077	\$1,180,258,309	\$346,482,767
% Change (Roll Yrs)	-0.40%	2.00%	2.20%	1.60%